

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">10143595</div>		Filing Date <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	
				Applicant(s)			
				* May be used for additional claims or amendments			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep	6					
Total Depend	15					
Total Claims	21					

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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